

CE Redesign Implementation Committee - 2/14/24 Meeting Notes

Co-Chair Elections

- The Committee agreed to move forward with 2 co-chairs, with the goal to then move to 3. (The current co-chairs will facilitate the process of getting a third co-chair).
- **The two elected co-chairs are Michael and Denise.**
- There is a question of whether we should make sure that different subcommittees are represented as co-chairs. An idea was floated to have the co-chairs be more immersed in other subcommittees/move them to other subcommittees. We can have that conversation as a group once there are 3 co-chairs.
 - Regardless, the co-chairs will make sure they're connected with the subcommittees.
- Ashley/Robbie will circulate the points of contact for the subcommittees to the full Committee

Subcommittee Report-Outs

- Assessment, Prioritization, and Referral
 - The group discussed how there are other ways to ask/understand trauma and vulnerability and how it can be done more thoughtfully and not as quickly
 - There is a huge opportunity to match people to resources
- Access
 - There's been discussion of needing to find consistent ways that organizations can support staff to have, fund, and implement self-care practices
 - In contracts, family Access Points have clinical supervision, but it isn't consistent across all Access Points
 - It's up to the subcommittee to define what self-care is, whether it should be institutionalized, how to rectify it with the budget, etc.
- Governance and Oversight
 - The subcommittee is working on drafting a CE vision, mission, and values and a Client Bill of Rights

Other Feedback

- The Committee wants to be more socialized to the charter and wants to be more connected across subcommittees. How do we create that infrastructure?
- It would be nice to have slides for subcommittee report-outs or even a summary of recommendations as they're being developed
- It would be nice to end each meeting with a calendar of what's happening